

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (PGB GEN FORM PTO-875)						SERIAL NO. <i>10-049 701</i>	APPLICANT			
						CLAIMS				
#	AS FILED		AFTER AMENDMENT		AFTER RE-AMENDMENT		END.	CONT.	END.	CONT.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1						61			
3		1					63			
3		12					63			
4		121					54			
5		120					55			
6		121					56			
7		70					57			
8		61					58			
9		70					59			
10		41					60			
11		19					61			
12		21					62			
13							63			
14							64			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	1						TOTAL IND.	1		
TOTAL DEP.	11						TOTAL DEP.	1		
TOTAL CHARGE	12						TOTAL CHARGE	12		